

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90069 038 \*\*\*\*61.25

**DOCUMENT # N23213**

1. Entity Name

**DOVER LANDING HOMEOWNERS ASSOCIATION OF PENSACOLA**

Principal Place of Business

Mailing Address

PO BOX 30282  
 PENSACOLA FL 32503

PO BOX 30282  
 PENSACOLA FL 32503-1282

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2971722**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GREEN, JONATHAN~~  
~~3320 TOMPKINS STREET~~  
~~PENSACOLA FL 32504~~

*Delete*

Name

**JANE A. DISHER**

Street Address (P.O. Box Number is Not Acceptable)

**4151 BRIGHTON DRIVE**

City

**PENSACOLA**

FL

Zip Code

**32504**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Jane A. Disher*

**JANE A DISHER T**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, HERBERT	
STREET ADDRESS	3361 TOMPKINS ST	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DISHER, JANIE	
STREET ADDRESS	4151 BRIGHTON DR	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, JONATHAN	
STREET ADDRESS	3320 TOMPKINS ST	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHAW, ERIC	
STREET ADDRESS	4140 BRIGHTON DR.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLAN, WALTER	
STREET ADDRESS	4150 BRIGHTON DR	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, REVONDA	
STREET ADDRESS	4281 BRIGHTON DR	
CITY-ST-ZIP	PENSACOLA FL 32504	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph Knowles	
STREET ADDRESS	3300 Tompkins Street	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTLAZ, JACK	
STREET ADDRESS	4131 Brighton Drive	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISHER, JANE A	
STREET ADDRESS	4151 Brighton Drive	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burchfield, Carleen	
STREET ADDRESS	3360 New Hope Rd	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bilbrey, John	
STREET ADDRESS	3327 Berkshire Ct.	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**JANE A. DISHER**

SIGNATURE:

*JANE A. DISHER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**022100**

Date

**850.434.7604**

Daytime Phone #

CR2E037 (9/99)